

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90291 022 ***150.00

0678074 FP

DOCUMENT # P01000075458

1. Entity Name
CORNERSTONE PORTFOLIO SERVICES, INC.



Principal Place of Business
**1900 SUMMIT TOWER BLVD
SUITE 230
ORLANDO FL 32810**

Mailing Address
**1900 SUMMIT TOWER BLVD
SUITE 230
ORLANDO FL 32810**

2. Principal Place of Business
**1900 SUMMIT TOWER BLVD
SUITE 230
ORLANDO FL**

3. Mailing Address
**1900 SUMMIT TOWER BLVD
SUITE 230
ORLANDO FL**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3734390**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FALTER, STEVEN
1900 SUMMIT TOWER BLVD
SUITE 230
ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1900 SUMMIT TOWER BLVD
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/14/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FALTER, STEVEN**
STREET ADDRESS **1900 SUMMIT TOWER BLVD STE 230**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)